## 2007 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Apr 25, 2007 8:00 am Secretary of State

| DOCUMENT # P06000091638  1. Entity Name C & C MIDWAY CLEANER, INC.       |                                    |                                                                                                                   |                       |                                                                    |                      |                                                         |                |                        | (          | 04-25-2      | 2007     | 90165             | )18 ***1                  | 50.00                       |
|--------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------|----------------------|---------------------------------------------------------|----------------|------------------------|------------|--------------|----------|-------------------|---------------------------|-----------------------------|
| Principal Place of Business 1985 CATTLEMEN RD UNIT #F SARASOTA, FL 34232 |                                    |                                                                                                                   |                       | Mailing Address<br>1985 CATTLEMEN RD UNIT #F<br>SARASOTA, FL 34232 |                      |                                                         |                |                        |            | 3882         |          |                   | NE 20122 11121 17         | 1)   <b>   </b>             |
| 2. Principal Place of Business - No P.O. Box #                           |                                    |                                                                                                                   |                       | 3. Mailing Address                                                 |                      |                                                         |                |                        |            |              |          |                   |                           |                             |
| Suite, Apt. #, etc.                                                      |                                    |                                                                                                                   | S                     | Suite, Apt. #, etc.                                                |                      |                                                         |                | 04212007               | ,          | Chg-P        |          | CR2E03            | 34 (12/06)                |                             |
| City & State                                                             |                                    |                                                                                                                   |                       | City & State                                                       |                      |                                                         |                | 4. FEI Numb            | er /       | 766          | 21       | 12                | ļ                         | oplied For<br>ot Applicable |
| Zip                                                                      | Zip Country                        |                                                                                                                   |                       | lip                                                                | ntry                 |                                                         | 5. Certificate | e of Sta               | itus Desir | ed           |          | 8.75 Adee Require |                           |                             |
|                                                                          | 6. Name                            | and Address of Curren                                                                                             | t Regist              | ered Agent                                                         |                      | N                                                       |                | 7. Name and            | d Add      | ess of Ne    | w Re     | gistered A        | gent                      |                             |
| CHOE, CHANG G<br>8350 MARKET ST<br>BRADENTON, FL 34202                   |                                    |                                                                                                                   |                       |                                                                    |                      | Name Street Address (P.O. Box Number is Not Acceptable) |                |                        |            |              |          |                   |                           |                             |
|                                                                          |                                    |                                                                                                                   |                       |                                                                    |                      | City                                                    |                |                        |            |              |          | FL                | Zip Coc                   | le                          |
|                                                                          | named entit                        | ly submits this statement f<br>tered agent.                                                                       | or the p              | urpose of changing its                                             | register             | <br>ed office or registe                                | erec           | d agent, or bo         | oth, in    | the State of | of Flori |                   | <u> </u><br>amiliar with, | and accept                  |
| SIGNATURE                                                                | Signature, typed                   | or printed name of registered ager                                                                                | n and title d         | арріісавів (NOTE                                                   | Registore            | ed Agent signature require                              | red w          | rhen (einstating)      |            |              |          | DATE              |                           |                             |
| After Ma                                                                 |                                    | FEE IS \$150.00<br>7 Fee will be \$550                                                                            |                       | 9. Election Campai<br>Trust Fund Cont                              | ribution.            | ☐ Ade                                                   |                | 00 May Be<br>d to Fees |            |              |          |                   |                           |                             |
| 10.                                                                      | I 5                                | OFFICERS AND                                                                                                      | DIREC                 |                                                                    | 11.                  | 1                                                       |                | ADDITIONS              | /CHAI      | NGES TO      | OFFIC    | ERS AND           |                           |                             |
| NAME STREET ADDRESS CITY-ST-ZIP                                          | D<br>CHOE, C<br>8350 MAR<br>BRADEN |                                                                                                                   |                       | ☐ Delete                                                           |                      |                                                         |                |                        |            |              |          |                   | ☐ Change                  | Addition                    |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | D<br>CHOE, C<br>8350 MAF<br>BRADEN |                                                                                                                   |                       | ☐ Delete                                                           |                      |                                                         |                |                        |            |              |          |                   | ☐ Change                  | ☐ Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    | 51015211                           | 101,7 2 0162                                                                                                      |                       | ☐ Delete                                                           | TITLI<br>NAM<br>STRI | [                                                       |                |                        |            |              |          |                   | Change                    | Addition                    |
| HILE NAME STREET ADDRESS CITY-ST-ZIP                                     |                                    |                                                                                                                   |                       | ☐ Delete                                                           |                      |                                                         |                |                        |            |              |          | ,-                | ☐ Change                  | ☐ Addilion                  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |                                    |                                                                                                                   |                       | ☐ Delete                                                           |                      | \$                                                      |                |                        |            |              |          |                   | ☐ Change                  | Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    |                                    |                                                                                                                   |                       | ☐ Delete                                                           |                      | 1                                                       |                |                        |            |              |          |                   | ☐ Change                  | Addition                    |
| indicated<br>of the cor                                                  | on this repo<br>poration or the    | e information supplied wit<br>rt or supplemental report<br>he receiver or trustee emp<br>achment with an address. | is true ai<br>cowered | nd accurate and that n<br>to execute this report                   | ny signa<br>as requi | ture shall have the                                     | e sa           | ame legal effe         | ct as if   | made un      | der oa   | th; that I a      | m an officer              | or director                 |